

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10/658088</i>	Filing Date	
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		
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Total Indep	1								
Total Depend	19								
Total Claims	20								

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